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Marcy L. Ellington
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_____ (Signature)

April 15, 1999 _____ (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT		DATE MAILED
08/761,736	12/05/96	012	HAN, F	3722	02/11/99

First Named Applicant	GOADE,	35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION CARD DISPLAY PACKAGE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 6928.004	283-107.000	097	UTILITY	YES	$605.00	05/11/99

1. Change of correspondence address or indication of " Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dunlap, Codding & Rogers, P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a subsititue for filing an assignment.

(A) NAME OF ASSIGNEE SSI Photo I.D.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Edmond, OK

Please check the appropriate assignee category indicated below (will not be printed on the patent)
☐ individual   ☒ corporation or other private group entity   ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

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